

**RESTRICTED**

Form

**WITNESS STATEMENT**

(CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; MC Rules 1981, r.70)

Statement of: TURNBULL, Beverley Anne

Age if under 18: Over 18 (if over 18 insert 'over 18') Occupation: STAFF NURSE

This statement (consisting of 7 page(s) each signed by me) is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated anything which I know to be false or do not believe to be true.

Signed: B.A. Turnbull

Date: 29/10/2002

I live at the address shown overleaf with my family.

I am currently employed as a Staff Nurse on Dryad Ward at the Gosport War Memorial, Gosport .

I started my nursing career in November 1967 when I qualified as a State Enrolled Nurse, having carried out my training at the Queen Alexandra Hospital, Cosham .

I worked from 1967 until 1972 at the Gynaecological Unit at St. Mary's Hospital , Portsmouth.

I then left nursing for a year and worked as a Clerical Assistant in the Civil Service.

From 1973 until 1974, I worked as a Community Nurse based at Cosham Health Centre , leaving to bring up my first child.

I returned to nursing on a part time basis in 1976. I worked for twenty hours per week, covering the weekend day shifts at the Redcliffe Annex, The Avenue, Gosport. The Redcliffe Annex was a geriatric unit of the Gosport War Memorial Hospital. It was not based on the hospital site but situated a couple of miles away. This was my first experience of working with the elderly. The patients were long term stroke patients and as such didn't require a great deal of medical care but did require basic nursing care. There were no medical staff attached to the unit, the patients own GP would attend and administer any medical care at the request of the nursing staff.

Signed: B.A. Turnbull  
2004(1)

Signature Witnessed by:

1-30/2002

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At this point in time, it was the practice for State Enrolled Nurses to take charge of the ward so when I was on duty I would be responsible and I would work with an auxiliary nurse. There was a sister in overall charge of the unit and she would work opposite my shift. However, there were occasions when we did work together and we did overlap.

In 1978 I left the unit in order to have my second child. I returned in around 1981 to the same working hours at the Redcliffe Unit. The unit was operating in the same way, the patients had the same nursing requirements. At this time I think that there were around nine to ten patients on the unit.

In 1984 I changed my working hours to the night shift. I worked twenty hours per week working Friday and Saturday one week and then Tuesday and Wednesday the following week. I started my shift at 2015 hrs and finished at 0745.

In 1994 - 1995 I undertook a conversion course from State Enrolled Nurse to State Registered Nurse and I subsequently became a Staff Nurse Grade D.

When I first started work at the Redcliffe Annex it was like working in a Nursing Home or a Rest Home. The patients needed long term care, they were not there to recuperate but to be cared for until they died. Some patients had been on the unit for up to ten years. The majority of patients did not require pain relief and I do not remember any of them requiring any opiate based painkillers.

About 1986, I am not exactly sure of the dates, the method of staffing changed and a Staff Nurse was required to work at the unit. It was also around this time that the second floor of the building was opened up to take patients and the unit eventually ended up with around eighteen to twenty patients.

Although the number of patients increased the general nursing they didn't require change, they were still long term care patients who were dealt with medically by their own GP's.

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I cannot remember the year but there was another change in the way the unit was run. Instead of patients being the responsibility of their own GP, a local GP was appointed to take responsibility of the unit. This was Dr. Jane BARTON. If we had a problem during the night with a patient, then we would contact her practices and either she or one of her partners would attend or give advice. I don't know what her responsibilities were during the day because I only worked at night, but I did use to see her start her ward rounds as I was going off duty.

It was around this time that I noticed the use of syringe drivers on the ward. This device was used to administer strong narcotic analgesic to patients. An analgesic is a painkiller. The type of pain relief being used was Diamorphine along with Midazolam which is a sedative.

The result of being put on a syringe driver meant that the patients were sedated, became unrousable and subsequently died.

I was extremely concerned because I thought that syringe drivers were being used on patients who had not presented any symptom of pain.

All of the patients who were prescribed this method of pain relief were under the care of Dr. BARTON and it was done on her instruction but it was at the Nurses discretion to administer the drugs.

I was aware that there were patients on the ward who did require pain relief and the syringe driver was appropriate but I was concerned for the number of patients who seemed to be prescribed Diamorphine and strong opiates without first trying weaker analgesics.

I was aware that other members of the nursing staff were concerned about the use of syringe drives on the unit. I can remember speaking to Sylvia GIFFIN and Anita TUBBRETT about it.

I remember that Sylvia had drawn the attention of others to her concerns. I do not recall who these people were or what she actually said but I know that she did pass her concerns on. I think that this may have been in 1989-1990 but I'm not sure.

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There were a number of meetings during 1991 which I attended. These meetings were all related to the use of the syringe driver on our unit. I have kept all of the minutes and correspondence I had at the time.

I have minutes of a meeting which Mrs. EVANS, the Hospital Manager attended. I raised my concerns of the use of the strong opiates before trying the other drugs shown on the analgesic ladder. I know that some of the nurses who attended the meeting did so in their own time because they were so concerned. I recall that Mrs. EVANS was going to get some training for stuff in the use of syringe drivers. This issue did not affect me. As a SEN I didn't set up syringe drivers or replace any drugs that had to be administered via them. I was just concerned with what I considered was their misuse. I saw the consequences of it.

I can remember that I was still not happy with the result of the meeting with Mrs. EVANS. I am aware that Anita TUBBRITT went to see her and Sylvia GIFFIN was in touch with the Royal College of Nursing over the matter.

I cannot recall if I received any training about pain relief or the use of syringe drivers but I remember that Anita sent for videos on the subject and got information on syringe drivers.

I remember that Sylvia held a meeting at her house and a male RCN Rep came and he was very concerned about the situation. I was still concerned about what I considered to be inappropriate pain relief.

I remember that I then attended a meeting called by a doctor from the geriatric department, Dr. LOGAN. I still remember that the meeting felt very much like 'them and us'. The medical staff were on one side and the nursing staff were on the other. The medical staff were sat like a panel.

The general tone was that the nursing staff didn't know what they were talking about, and that we didn't know the properties of Diamorphine. I remember feeling very vulnerable and that no

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one was listening to us.

I remember that a policy was going to be drawn up, detailing the criteria for the use of pain relief. I never saw one and to my knowledge one was never drawn up.

I was still concerned about the use of syringe drivers but I felt that nothing had appeared to have happened as a result of raising over concerns.

I remember feeling as if I and my colleagues were labelled as troublemakers. There was an 'atmosphere' between the night staff and the day staff at the unit.

The Redcliffe Unit then moved site to join the main hospital and the Redcliffe Unit patients moved into the Dryad Ward.

The type of patient remained the same in Dryad, long stay with minimal medical care required. The doctor responsible for the patients was still Dr. BARTON and I believe the Consultant was Dr. REED .

The type of patient being admitted in Dryad, long stay with minimal medical care required. The doctor responsible for the patients was still Dr. BARTON and I believe the Consultant was Dr. REED.

The type of patient being admitted onto Dryad would begin to change. There were more patients on the ward for assessment and as a result of orthopaedic procedures. There was a more multi disciplinary input, for example physiotherapy and occupational therapy. The patients were more verbal and able to express their needs. We had more people in for rehabilitation although we continued to have some continuous care patients.

I have been asked if I was expected to find out each patient's requirements. I would read the notes of each of my patients to see what I needed to do for each of them. Each nurse would do the same. All nurses have access to patients medical notes.

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I have been asked if I attended a meeting with Geri WHITNEY who was the tutor on a course I was doing in 1991. I was taking an ENB941 in the Care of the Elderly. I did attend the meeting. I remember it was about the inappropriate use of the syringe driver but I cannot remember any of its content.

I received a number of letters at the time from the NCN representatives and I kept them all.

I have been asked why have I produced them now.

I am aware of the recent publicity concerning the death of elderly patients at the Gosport War Memorial Hospital and the concerns of their relatives. I believe the concerns relate to the use of syringe drivers.

The hospital called a staff meeting about a Professor BAKER, who did an investigation into the SHIPMAN enquiry. He is coming to do an investigation on behalf of the relatives of patients who had a syringe driver prior to their death.

Before attending this meeting I spoke with Anita TUBBRITT and we both decided to take our letters and documents to the meeting.

Once at the hospital Anita and I handed our documents to Toni SCAMMELL.

On the following Wednesday (18<sup>th</sup> September 2002) (18/09/2002) I and Anita went to a meeting with Jane PARVIN, Toni SCAMMELL and Betty WOODLAND, the RCN representative.

I have been shown a typed copy of the minutes of the meeting by Code A and having read them I agree them to be an accurate record of the meeting.

I have also been shown a red plastic document holder with letters to Anita TUBBRITT, exhibited as JEP/GWMH/1. Inside this red holder are a number of letters addressed to me.

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These letters are together in a clear plastic wallet. These letters and documents are my original documents which I handed to Toni SCAMMELL, they have obviously been placed within the red document holder, though they are clearly separate. I produce my letters and documents as JEP/GWMH/1/BAT .

I have been asked if I had any concerns over the incorrect use of syringe drivers when the unit moved to Dryad Ward. I did not. I believe that the syringe drivers were correctly used for people who needed them. As I remember it, the issue seemed to have been resolved.

I have been asked if I can remember any particular patients who I felt had been prescribed Diamorphine when I didn't consider it to be appropriate.

I can only remember the name of one patient who was placed on a syringe driver with a Diamorphine prescription. I remember her name because she lived for at least two months after being placed on one which was highly unusual, her name was Mrs. CHILVERS .

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